MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08510

# CERTIFICATE OF DEATH

Reg. Dist. No. 166

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Evans Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WVa V 45-3 COUNTY Preston
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kingwood WVa
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) (Last) CHILDS
4. DATE OF DEATH: (Month) Aug (Day) 26 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 17 1871
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months 1 Days 9 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Newburg WVa
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George W Gull.
14. MOTHER'S MAIDEN NAME: Not known.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Robert R Childs.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Arteriosclerotic cardio vascular

DUE TO disease

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death: years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Senility + Old Stroke

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 Aug, 1953 to 26 Aug, 1953, that I last saw the deceased alive on 26 Aug 1953, and that death occurred at 11:50 P.M., from the causes and on the date stated above.

SIGNATURE Thomas J Lusby (Degree or title) M. D. ADDRESS Oakland, Md DATE SIGNED 26 Aug 53

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) Removal
DATE THEREOF 8/29/53
NAME OF CEMETERY ~~OR CREMATORY~~ Kingwood.
LOCATION (City, town, or county) Kingwood Preston (State) WVa

DATE REC'D BY LOCAL REGISTRAR 8/29/1953
REGISTRAR'S SIGNATURE Julia Howard LR
24. FUNERAL DIRECTOR H. L. Browning. ADDRESS

VS. A

T

RECEIVED
SEP 14 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 166

**1. PLACE OF DEATH:**
COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND X
LENGTH OF STAY (in this place) 6 HOURS
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL 20

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STAR ROUTE, OAKLAND, MARYLAND X
STREET ADDRESS (If rural, give location)

**3. NAME OF DECEASED:** (Type or Print) (First) CARL (Middle) LLOYD (Last) CLARK

**4. DATE OF DEATH:** (Month) AUGUST (Day) 18 (Year) 53

**5. SEX:** MALE
**6. COLOR OR RACE:** WHITE
**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** MARRIED
**8. DATE OF BIRTH:** JANUARY 13, 1902
**9. AGE last birthday:** 51 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): CARPENTER
**10b. KIND OF BUSINESS OR INDUSTRY:** CARPENTER
**11. BIRTHPLACE** (State or foreign country): MARYLAND OAKLAND
**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** WILLIAM CLARK
**14. MOTHER'S MAIDEN NAME:** LILLIAN BOWERS

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) 3 NO (If Yes, give war or dates of service)
**16. SOCIAL SECURITY No.:** 206-07-5494
**17. INFORMANT & ADDRESS:** MARY CLARK - Wife RD. STAR

**18. MEDICAL CERTIFICATION**

**I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:** 420.1

Immediate cause (a) Coronary Heart disease — INTERVAL BETWEEN ONSET AND DEATH: 5 years
DUE TO

Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

**II. OTHER SIGNIFICANT CONDITIONS:** Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:** 0
**19b. MAJOR FINDINGS OF OPERATION:**
**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT SUICIDE HOMICIDE** (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE, 1948, to AUGUST, 1953, that I last saw the deceased alive on AUG. 17, 1953, and that death occurred at 3:40 A.m., from the causes and on the date stated above.

SIGNATURE: A. E. Mance (DEGREE OR TITLE) MD ADDRESS Oakland Md DATE SIGNED 18 Aug 53

**23. BURIAL, CREMATION REMOVAL (Specify):** Burial
DATE THEREOF aug 21-1953
NAME OF CEMETERY OR CREMATORY Oakland
LOCATION (City, town, or county) Oakland (State) Md

DATE REC'D BY LOCAL REG. 8/21/53
REGISTRAR'S SIGNATURE Julia A. Rosman
24. FUNERAL DIRECTOR Emroy D Bolden ADDRESS Oakland Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8-51

RECEIVED
SEP 1 1953
BUREAU V, S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08077

# CERTIFICATE OF DEATH

Reg. Dist. No. 8

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

1. PLACE OF DEATH:
COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing (Rural) X
LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing (Rural) X
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) Cutter (Last) Green

4. DATE OF DEATH: (Month) Aug, (Day) 30, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: June 29, 1880

9. AGE last birthday: 73 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Fred Cutter

14. MOTHER'S MAIDEN NAME: Ellen Humberson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. David Weir (Daughter) Lonaconing, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis and Myocardial Degeneration Not Specified as Rheumatic — Interval Between Onset And Death: 1 Year

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute Gastro enteritis — 2 Days

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 24, 1953, to Aug. 30, 1953, that I last saw the deceased alive on Aug. 30, 1953, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Paul A Wilson M.D. ADDRESS Piedmont, W.Va. DATE SIGNED 31 Aug 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Sept, 2. 1958

NAME OF CEMETERY OR CREMATORY Greens Cemetery (Near) Lonaconing, Md.

LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR 9-2-53

REGISTRAR'S SIGNATURE Jeannette M Broadwater

24. FUNERAL DIRECTOR George Eichhorn ADDRESS Lonaconing, Md.

RECEIVED
SEP 11 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

18178

Reg. Dist. No. 166

1. PLACE OF DEATH
COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Gorman X
MARYLAND
LENGTH OF STAY (In this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2 Mi. N. Gorman X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 6 03X-2
STREET ADDRESS (If rural, give location) 7400 South Road

| 3. NAME OF DECEASED (Type or Print) | (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|---|
| | William | Wilson | Harvey | August | 8 | 1953 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Divorced | 10/7/1883 | 69 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Farm Laborer | | Kansas | U.S.A. |

13. FATHER'S NAME: Alexander Harvey

14. MOTHER'S MAIDEN NAME: Unknown

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| no | 217-24-9725 | Mrs. Wayne Taylor 7400 South Road Baltimore 6, Md. |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 420.1 Immediate cause | (a) Coronary Occlusion | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arteriosclerosis | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| 0 | | Yes ☐ No ☑ |

| 21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| C. F. Baumgartner | M D | Oakland Md | August 10-1953 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 8/11/1953 | N. B. Harvey Cemetery | Garrett Co., Md. |

| DATE FILED BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 8/11/1953 | Julia A Rowan LR | Herbert C. Leighton | Oakland, Md. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 21 1953
BUREAU V. S.

08079

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY OAKLAND GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL FRIENDSVILLE. X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) David (Middle) McKINLEY (Last) HUMBERSON
4. DATE OF DEATH (Month) August (Day) 17 (Year) 1953
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH JULY-11-1953
9. AGE last birthday yrs. If under 1 year Months 1 Days 6 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) OAKLAND Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME DAVID HUMBERSON.
14. MOTHER'S MAIDEN NAME MARY WILT.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 4 (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS DAVID HUMBERSON-FRIENDSVILLE Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cardiac failure result of | |
| 754.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Congenital Stenosis of Aortic Valve | 6 wks |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Atelectasis - left lung - Bronchopneumonia.

19a. DATE OF OPERATION 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, ~~Inquiry~~ ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE L. L. Baumgartner (Degree or title) MD ADDRESS Oakland Md DATE SIGNED 8/17/53

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF AUGUST - 18
NAME OF CEMETERY OR CREMATORY HUMBERSON
LOCATION (City, town, or county) NEAR FRIENDSVILLE. (State) Md.
DATE REC'D BY LOCAL REG. 8/18/1953
REGISTRAR'S SIGNATURE Julia A Rowan LR
24. FUNERAL DIRECTOR Emroy D Bolden ADDRESS Oakland Md

2073285403

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 1[illegible] 1953
BUREAU [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 8-51

**1. PLACE OF DEATH:**

COUNTY Garrett — Deer Park, MARYLAND

CITY (If outside corporato limits, write RURAL and give nearest town) OR TOWN: Deer Park, Md X

LENGTH OF STAY (in this place): Life time

HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE Maryland COUNTY Garrett

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Deer Park, Md. X

STREET ADDRESS (If rural, give location)

**3. NAME OF DECEASED:** (Type or Print) (First) William (Middle) M (Last) Mayle.

**4. DATE OF DEATH:** (Month) (Day) (Year) 8/4/1953 19

**5. SEX:** Male

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED,** (Specify): Married

**8. DATE OF BIRTH:** 5/9/1869

**9. AGE last birthday:** 84 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Retired Railroad Trackman

**10b. KIND OF BUSINESS OR INDUSTRY:**

**11. BIRTHPLACE** (State or foreign country): Deer Park, Maryland.

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** George Mayle

**14. MOTHER'S MAIDEN NAME:** Mariah Friend,

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:** 215-20-5294

**17. INFORMANT & ADDRESS:** Harry H. Mayle, Keyser, W. Va.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Cardiac Failure due to Fibrillation | 8 mos |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | DUE TO (b) Hypertensive Cardio Vascular disease | 5 yrs |
| | DUE TO (c) Sclerotic Heart disease | 10 yrs |

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senility

**19a. DATE OF OPERATION:** 0

**19b. MAJOR FINDINGS OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☑

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-5, 1953, to 7-26, 1953, that I last saw the deceased alive on 7-26, 1953, and that death occurred at 3:30 A m., from the causes and on the date stated above.

SIGNATURE James H. Fenton (DEGREE OR TITLE) M.D. ADDRESS 308 2nd St. Oakland, Md DATE SIGNED

**23. BURIAL, CREMATION, REMOVAL** (Specify): Burial

DATE THEREOF: 8/6/1953

NAME OF CEMETERY OR CREMATORY: Deer Park, Cemetery

LOCATION (City, town, or county) (State): Deer Park, Md.

DATE REC'D BY LOCAL REG.: 8/6/53

REGISTRAR'S SIGNATURE: Julia A. Lowen

**24. FUNERAL DIRECTOR** ADDRESS: Emroy D. Boldes, Oakland, Md.

RECEIVED
AUG 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 162

**1. PLACE OF DEATH:**

COUNTY Garett MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Grantsville Md

LENGTH OF STAY (in this place) 50 Years

HOSPITAL OR INSTITUTION OR STREET ADDRESS X

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE Md COUNTY Garett

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Grantsville

STREET ADDRESS (If rural, give location)

**3. NAME OF DECEASED:** (Type or Print) (First) Anna (Middle) Christena (Last) Merrebach

**4. DATE OF DEATH:** (Month) (Day) (Year) Augest 15 1953

**5. SEX:** Female

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED,** (Specify): Widowed

**8. DATE OF BIRTH:** December 20.1870

**9. AGE last birthday:** 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): House Wife

**10b. KIND OF BUSINESS OR INDUSTRY:** None

**11. BIRTHPLACE** (State or foreign country): Lonaconing ~~Garett~~ Co, Md

**12. CITIZEN OF WHAT COUNTRY?** U.S.A

**13. FATHER'S NAME:** Christain Bowers

**14. MOTHER'S MAIDEN NAME:** A nna Christena Keller

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No 4 (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:** None

**17. INFORMANT & ADDRESS:** Francis Merrbach R.D.1.Salisbury Pa

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerosis & hypertension — 10 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:** 0

**19b. MAJOR FINDINGS OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT SUICIDE HOMICIDE** (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 April 1953, to 15 Aug 1953, that I last saw the deceased alive on 15 Aug 1953, and that death occurred at 3 P.M. from the causes and on the date stated above.

SIGNATURE B H Hoke Jr (DEGREE OR TITLE) ADDRESS Salisbury Pa DATE SIGNED 16 Aug 53

**23. BURIAL, CREMATION REMOVAL** (Specify): Burial

DATE THEREOF 8-18-1953

NAME OF CEMETERY OR CREMATORY Merrebach Cemetary

LOCATION (City, town, or county) (State) Rural Grantsville Md

DATE REC'D BY LOCAL REG. Aug. 17/53

REGISTRAR'S SIGNATURE Ethel Broadwater

**24. FUNERAL DIRECTOR** Wm Winterberg ADDRESS Grantsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 5 8-51

RECEIVED
AUG 19 1953
BUREAU V. S.

2

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 172

1. PLACE OF DEATH: COUNTY GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN KITZMILLER — LENGTH OF STAY (In this place) 18 HRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS WILLOW S T.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN KITZMILLER
STREET ADDRESS WILLOW STREET (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) LESTER (Middle) EVERETT (Last) PAUGH
4. DATE OF DEATH: (Month) AUGUST (Day) 30, (Year) 53 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 23, 1908
9. AGE last birthday: 45 yrs. — If under 1 year: Months 1, Days 7 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steel Worker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bethel, Garrett Co. Md.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: William Albert Paugh
14. MOTHER'S MAIDEN NAME: Eliza Ellen Tasker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-18-1341
17. INFORMANT AND ADDRESS: Mrs. Violet Paugh, Kitzmiller, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

231x

Immediate cause (a) Acute Myocardial Failure — 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mediastinal tumor — 1 yr

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to Aug 30, 1953, that I last saw the deceased alive on Aug 30, 1953, and that death occurred at 11:30 A.m., from the causes and on the date stated above.

SIGNATURE: Ralph Colombella — (Degree or title) M.D. — ADDRESS: Kitzmiller — DATE SIGNED: Aug 31-53

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF: Sept. 2/53 — NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery — LOCATION (City, town, or county) (State): Elk Garden, W.Va.

DATE REC'D BY LOCAL REG.: 8/31/53 — REGISTRAR'S SIGNATURE: A W Barrick

24. FUNERAL DIRECTOR: Otha F. Sharpless, Blaine, W.Va. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

**1. PLACE OF DEATH:**
COUNTY GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OAKLAND X
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: GARRETT COUNTY MEMORIAL 2 c

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE MARYLAND — COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: KITZMILLER
STREET ADDRESS (If rural give location):

**3. NAME OF DECEASED:** (Type or Print) (First) RUTH (Middle) N. (Last) RIGGLEMAN

**4. DATE OF DEATH:** (Month) 8 (Day) 10 (Year) 1953

**5. SEX:** FEMALE

**6. COLOR OR RACE:** WHITE

**7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):** MARRIED

**8. DATE OF BIRTH:** JULY 10, 1916

**9. AGE last birthday:** 37 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION.** Give kind of work done during most of working life, even if retired): HOUSEWIFE

**10b. KIND OF BUSINESS OR INDUSTRY:**

**11. BIRTHPLACE** (State or foreign country): MARYLAND

**12. CITIZEN OF WHAT COUNTRY?** U.S.

**13. FATHER'S NAME:** MICHAELS, WALTER

**14. MOTHER'S MAIDEN NAME:** MILLER, ANNIE

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.): N (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:**

**17. INFORMANT & ADDRESS:**

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Carcinomatosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Adenocarcinoma of the rectum

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:** October 24, 1952 — **19b. MAJOR FINDINGS OF OPERATION** carcinoma of rectum — **20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE (Specify)** — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

**TIME OF INJURY** (Month) (Day) (Year) (Hour) m. — **INJURY OCCURED** While at Work ☐ Not While At Work ☐ — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from Oct. 19, 1952 to August 10, 1953, that I last saw the deceased alive on Aug 9, 1953 and that death occurred at / m., from the causes and on the date stated above.

SIGNATURE Joseph Evans MD (Degree or title) — ADDRESS Cumberland, Md. — DATE SIGNED 8/10/53

**23. BURIAL, CREMATION, REMOVAL (Specify):** Burial — **DATE THEREOF** 8/12/1953 — **NAME OF CEMETERY OR CREMATORY** Tasker Cemetery — **LOCATION** (City, town, or county) (State): near Vindex, Md.

**DATE REC'D BY LOCAL REGISTRAR** 8/12/1953 — **REGISTRAR'S SIGNATURE** Julia A. Rowan LR — **24. FUNERAL DIRECTOR** Herbert C. Leighton — **ADDRESS** Oakland, Md.

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AUG 21 1953
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 162

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH:**

COUNTY Garett — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Avilton X

LENGTH OF STAY (in this place): Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE Md COUNTY Garett

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Avilton X

STREET ADDRESS (If rural, give location)

**3. NAME OF DECEASED:** (Type or Print) (First) Enoch (Middle) O (Last) Robeson

**4. DATE OF DEATH:** (Month) 8 (Day) 26 (Year) 1953

**5. SEX:** Male

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED,** (Specify) Married

**8. DATE OF BIRTH:** 10-14-1873

**9. AGE last birthday:** 79 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farming

**10b. KIND OF BUSINESS OR INDUSTRY:** Farm Owner

**11. BIRTHPLACE** (State or foreign country): Avilton Garett Co Md

**12. CITIZEN OF WHAT COUNTRY?** U.S.A

**13. FATHER'S NAME:** John .F.Robeson

**14. MOTHER'S MAIDEN NAME:** Sarah Michael

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:** None

**17. INFORMANT & ADDRESS:** No 7, Sentenial St Forest Roebison Frostburg Md

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

450.0

Immediate cause (a) Acute Cardiac Dilatation — INTERVAL BETWEEN ONSET AND DEATH: 1 Day

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arteri Sclerosis — Several years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:** 0 **19b. MAJOR FINDINGS OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☒

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 26, 1953, to Aug 26, 1953, that I last saw the deceased alive on Aug 26, 1953 and that death occurred at 5:40 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Wm M Lane MD Frostburg Md Aug 28 1953

**23. BURIAL, CREMATION REMOVAL** (Specify): Burial — DATE THEREOF: 8-29-1953 — NAME OF CEMETERY OR CREMATORY: Mount Zion Cemetary — LOCATION (City, town, or county) (State): Rural, Grantsville Md

DATE REC'D BY LOCAL REG. Aug 28/53 — REGISTRAR'S SIGNATURE: Esther Broadwater — **24. FUNERAL DIRECTOR:** Wm Winterberg — ADDRESS: Grantsville Md

VS. 8-51

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Item 7, Film G158 9/29/53mnb

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Mt Lake Pk. — LENGTH OF STAY (in this place) years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rail Road Crossing

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park
STREET ADDRESS (If rural, give location) "The Braethorn"

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) EDWARD (Last) ROOT
4. DATE OF DEATH (Month) AUG (Day) 31 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 1-16-1873
9. AGE last birthday 80 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Horse Shoe Run W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME David Root
14. MOTHER'S MAIDEN NAME Margaret Clare

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Robert Root, Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

802 X Immediate cause (a) Hit by Train - entire body mangled - Instat

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) chest, head & abdomen torn apart

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.) Beckman Rail Road Crossing — (CITY OR TOWN) Mt. Lake Park — (COUNTY) Garrett — (STATE) Md
TIME OF INJURY (Month) Aug (Day) 31 (Year) 53 (Hour) 7 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Hit by train Fast Passenger Train

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Thomas D. Zuoly M.D. — (Degree or title) Acting Examiner — ADDRESS Oakland, Md. — DATE SIGNED 31 Aug 53

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 9-2-1953 — NAME OF CEMETERY OR CREMATORY Tyres Church Cem. — LOCATION (City, town, or county) Horse Shoe Run, W. Va. (State)

DATE REC'D BY LOCAL REG. 9/2/1953 — REGISTRAR'S SIGNATURE Julia L. Lowan — 24. FUNERAL DIRECTOR Emray D. Borden, Oakland, Md. — ADDRESS

LR

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8-51

**1. PLACE OF DEATH:**

COUNTY Garrett Table Rock MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gormania, W. Va Rural

LENGTH OF STAY (in this place) X years

HOSPITAL OR INSTITUTION OR STREET ADDRESS X

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE Maryland COUNTY Garrett

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X

STREET ADDRESS (If rural, give location)

**3. NAME OF DECEASED:** (Type or Print) (First) PAUL (Middle) WILLIAM (Last) SIMMONS.

**4. DATE OF DEATH:** (Month) (Day) (Year) 8/8/1953 19

**5. SEX:** Male

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Single

**8. DATE OF BIRTH:** 6/5/1926

**9. AGE last birthday:** 27 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Invalid life time

**10b. KIND OF BUSINESS OR INDUSTRY:**

**11. BIRTHPLACE** (State or foreign country): Luke, Maryland

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** CLAUD WILLIAM SIMMONS.

**14. MOTHER'S MAIDEN NAME:** EFFIE CULLERS.

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) (If Yes, give war or dates of service) No

**16. SOCIAL SECURITY NO.:** None

**17. INFORMANT & ADDRESS:** Claud William Simmons, Gormania, Rural W.Va

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

353.1

Immediate cause (a) Epilepsy - grand mal type — INTERVAL BETWEEN ONSET AND DEATH 25 years?

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Addist, General Debility, Chronic Bronchitis

**19a. DATE OF OPERATION:** None

**19b. MAJOR FINDINGS OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☑

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify) None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 May, 1953, to Aug 9, 1953, that I last saw the deceased alive on Aug 9, 1953, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Thomas D. Lusby M.D. Oakland, Md. 8/8/53

**23. BURIAL, CREMATION, REMOVAL** (Specify): Burial

DATE THEREOF 8/10/1953

NAME OF CEMETERY OR CREMATORY Fairview Cemetery

LOCATION (City, town, or county) (State) Near Table Rock, Md.

DATE REC'D BY LOCAL REG. 8/10/1953

REGISTRAR'S SIGNATURE Julia A. Bowman

**24. FUNERAL DIRECTOR** Emroy D. Dolby ADDRESS Oakland, Md.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 162

1. PLACE OF DEATH
COUNTY: Garrett — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Grantsville X
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Grantsville R.F.D. # I X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Grantsville X
STREET ADDRESS (If rural, give location): Grantsville, R.F.D.# I

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) (Day) (Year) |
|---|---|---|---|
| Jennie | Mae | Walls | Aug. 9, 1953 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| F | White | Married | Dec. 26, 1887 | 65 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| housewife | Home | Garrett Co. Maryland | U.S. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Jesse Butler | Rebecca Glotfelty |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| No | None | John E. Walls Grantsville, Md. |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|
| 420.0 Immediate cause (a) Myocardial infarction | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis | |
| (260X) (c) Arteriosclerotic heart disease | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetis mellitus | |

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from Sept, 1951, to Aug, 1953, that I last saw the deceased alive on July 29, 1953, and that death occurred at 7:00 A m., from the causes and on the date stated above.

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| John F. Mitchell, Jr. M.D. | Salisbury, Pa. | 8-10-53 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Aug. 11, 53 | Grantsville | Grantsville, Maryland |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Aug 10 53 | Ethel Broadwater | Stanley M. Thomas | Salisbury Pa |

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